

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090185

Entity Name: PHILLIPS FIRE SPRINKLERS, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

425 SW 148TH AVENUE
FORT LAUDERDALE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

425 SW 148TH AVENUE
FORT LAUDERDALE, FL 33325 US

New Mailing Address:

FEI Number: 65-0629588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUCCI, MARK S
5561 N UNIVERSITY DR
SUITE 102
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PHILLIPS, ROBERT H
Address: 9551 NW 42ND CT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V () Delete
Name: KUNTZ, STANLEY
Address: 1614 N 29TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33020

Title: T () Delete
Name: MUNOZ, GLORIA M
Address: 2318 NW 189 AVENUE
City-St-Zip: HOLLYWOOD, FL 33029

Title: V () Delete
Name: MCMILLAN, JACQUES
Address: 9801 PINE LEAF LANE
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA MUÑOZ

T

01/08/2008

Electronic Signature of Signing Officer or Director

Date